

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM

LIMITATIONS

Tenosynovectomy;
Fasciectomy;
Trigger finger release;
Biopsy- prostatic, testicular;
Diagnostic cystourethroscopy, hospital:
 (a) With ureteral catheterization, hospital;
 (b) With retrograde pyelography, hospital;
Cystourethroscopy with biopsy;
Cystourethroscopy, with fulguration (including cryosurgery) or treatment of minor (less than 0.5 cm.) lesions with or without biopsy; hospital;
Cystourethroscopy, with fulguration (including cryosurgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands; hospital;
Cystourethroscopy, with internal urethrotomy;
Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female; hospital;
Cystourethroscopy, with ureteral meatotomy, unilateral or bilateral;
Cystourethroscopy, with removal of foreign body or calculus from urethra or bladder; simple;
Litholapaxy, crushing of calculus in bladder and removal of fragments; simple; small (less than 2.5 cm.);
Dilation of urethral stricture by passage of sound, male; initial;
Dilation of urethral stricture by passage of sound, male; subsequent;
Dilation of urethral stricture by passage of filiform and follower, male; initial;
Dilation of urethral stricture by passage of filiform and follower, male; subsequent;
Dilation of female urethra including suppository and/or instillation; initial;
Dilation of female urethra including suppository and/or instillation; subsequent;
Destruction of condylomata, penis, multiple; surgical excision;
Destruction of condylomata, vulva, multiple; surgical excision;

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LIMITATIONS

Lumbar puncture, adult;
Temporal artery biopsy or ligation;
Laryngoscopy direct; diagnostic, except newborn;
Bronchoscopy, with biopsy, rigid bronchoscope;
Bronchoscopy, with removal of foreign body;
Bronchoscopy, diagnostic with biopsy, fiberoptic bronchoscope (flexible);
Esophagoscopy with dilation;
Esophagoscopy with biopsy;
Esophagoscopy with cautery;
Manipulation, dilation of esophagus by sound or bougie, guide wire or string, indirect initial;
Gastrosocopy with biopsy;
Colonoscopy flexible fiberoptic with biopsy beyond splenic flexure.

12. Preoperative inpatient days for the procedures listed below must be preauthorized by the Program or its designee. For all other procedures, the Program will not cover more than 1 pre-operative inpatient day unless authorized by the Program;

- (a) Dilation and Curettage,
- (b) Hernia (umbilical) - Herniorrhaphy,
- (c) Tonsillectomy and Adenoidectomy,
- (d) Mini-laparotomy or Laparoscopy,
- (e) Angiogram,
- (f) Myelogram,
- (g) Hemorrhoidectomy,
- (h) Bunionectomy,
- (i) Myringotomy,
- (j) Arthrotomy,
- (k) Meniscectomy
- (l) Excision of Lesion(s) of Skin,
- (m) Mastoidectomy,
- (n) Circumcision,
- (o) Tendon Resection - Hand(s),
- (p) Orchiectomy,
- (q) Cone Biopsy of Cervix,
- (r) Venogram (related to pre-op work up for a vascular procedure),
- (s) Arthroscopy,
- (t) Cystoscopy,
- (u) Cisternogram,
- (v) Bronchoscopy,
- (w) Stripping and Ligation - Varicose Veins,

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LIMITATIONS

Continued:

Services that require
preauthorization.

- (x) Orchiopexy,
- (y) Osteotomy,
- (z) Submucous Resection,
- (aa) Laryngoscopy,
- (bb) Anterior and Posterior Repair,
- (cc) Septoplasty,
- (dd) Tympanoplasty,
- (ee) Lipoma Excision,
- (ff) Marsupialization of Bartholin's Gland Cyst,
- (gg) Cardiac Catheterization,
- (hh) Excision Pilonidal Cyst, or Sinus,
- (ii) Repair and Plastic Operations on Hand,
- (jj) Dental Procedures,
- (kk) Encephalography and Ventriculography,
- (ll) Amniocentesis,
- (mm) Decompression for Carpal Tunnel Syndrome,
- (nn) Surgical Debridements of Burns and Skin,
- (oo) Excision Hydrocele,
- (pp) Liver Biopsy, and
- (qq) Cystourethroscopy, with fulguration, including cryosurgery, or resection of small bladder tumor c tumors, or both, (0.5 to 2.0 cm.), hospital.

- 13. Surgical procedures for the treatment of obesity.
- 14. All non-emergency inpatient hospital services require pre-admission certification by the Program or its designee.
- 15. Preauthorization is valid only for services rendered initiated within 60 days of the date issued, provided the recipient is Medicaid eligible at the time the service is rendered.
- 16. The Department will preauthorize services when the provider submits to the Department adequate documentation.

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PROGRAM

LIMITATIONS

Services that require preauthorization 17. Kidney transplantations.

18. The following surgical procedures require preauthorization when performed on a hospital inpatient or outpatient basis unless the patient is already an hospital inpatient for another condition or an unrelated procedure is being done simultaneously which itself requires surgical hospitalization. If an emergency necessitate performing any of the listed procedures on an inpatient basis, the provider shall request and obtain postauthorization before billing. The procedures are:

- (a) Repair of blepharoptosis and lid retraction
- (b) Reconstruction of eyelid with flaps or grafts
- (c) Other reconstruction of eyelid;
- (d) Other repair of eyelid;
- (e) Other reconstructive surgery on cornea;
- (f) Surgical correction of prominent ear;
- (g) Other plastic repair of external ear;
- (h) Repair and plastic operation on nose;
- (i) Plastic repair of the mouth;
- (j) Palatoplasty;
- (k) Other operations on vessels;
- (l) Insertion of testicular prosthesis;
- (m) Operations of penis;
- (n) Vaginal construction and reconstruction;
- (o) Operations of clitoris;
- (p) Operations on facial bones and joints;
- (q) Partial osteotomy of facial bones;
- (r) Operations on the breast;
- (s) Augmentation mammoplasty;
- (t) Other operations on the breast;
- (u) Injection or tattooing of skin lesion or defect.

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PROGRAM	LIMITATIONS
2. Outpatient Hospital Services	<ol style="list-style-type: none">1. Services not medically necessary.2. Abortions if not performed in accordance with State law for Medicaid budgeting.3. Sterilizations if not performed according to criteria contained in 42 C.F.R. §441.250-441.259, and if the appropriate forms, as established by guidelines, are not properly completed and attached to the claim.4. Outpatient visits primarily for administration of investigational drugs, or services which are investigational or experimental.5. Hospital services or procedures which are investigational or experimental.6. Any item denied by Medicare as medically unjustified.7. Repealed - effective 8/12/85.8. Outpatient visits solely for the administration of injections, unless medical necessity and the patient's inability to take appropriate oral medications are documented in the patient's medical record.9. Outpatient visits for which the purpose is the accomplishment of one or more of the following:<ol style="list-style-type: none">a. Prescription drug or food supplement pick-up, collection of specimens for laboratory procedures.b. Recording of an electrocardiogram.c. Ascertaining the patient's weight.10. Interpretation of laboratory tests or panels.11. Autopsies.12. Central nervous system stimulants and anorectic agents when used for weight control.

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PROGRAM

LIMITATIONS

Continued:

2. Outpatient Hospital
Services

13. Immunizations required for travel outside the United States.
14. Repealed. Effective 7/1/86.
15. Hearing therapy unless as the result of an EPSDT screening.
16. Audiometric tests for the purpose of prescribing hearing aids unless as the result of an EPSDT screening.
17. Psychiatric care for patients under 65 years of age in psychiatric facilities licensed by the Department as Special Hospital - Mental, or Special Hospital - Psychiatric.
18. Day care.
19. Psychological evaluations and treatments except when ordered by a physician, and the medical necessity is documented in the patient's medical record.
20. Dental procedures excluded by the Dental Program, COMAR 10.09.05, and the Early and Periodic Screening, Diagnosis and Treatment Program, COMAR 10.09.23.
21. Podiatry services excluded by the Podiatry Program, COMAR 10.09.15.
22. Vision care services excluded by the Vision Care Program, COMAR 10.09.14, and the Early and Periodic Screening, Diagnosis and Treatment Program, COMAR 10.09.23.
23. Medical supplies and durable equipment excluded by the Disposable Medical Supplies and Durable Medical Equipment Program, COMAR 10.09.12.
24. The services of non-professionals, paraprofessionals, and professionals whose salaries are not paid by the hospital and not included in the hospital's cost.

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PROGRAM	LIMITATIONS
2. Outpatient Hospital Services	25. (Reserved)
	26. Psychiatric day hospitalization (intensive short term psychiatric treatment for any part of a 24 hour day for a minimum of 4 consecutive hours per day) unless the Program has been approved by the Office of Licensing and Certification Programs and has a Certification of Need from the Maryland Health Resources Planning Commission, if required.
	27. Outpatient laboratory tests (other than in emergency situations) not specifically ordered by the attending physician or other responsible practitioner.
Services that require preauthorization.	1. Cosmetic surgery.
	2. Lipectomy.
	3. Refractions for the purpose of prescribing eyeglasses.
	4. Contact lens evaluation and fitting.
	5. Vision care according to COMAR 10.09.14.06, and COMAR 10.09.23.07.
	6. Dental care according to COMAR 10.09.05.06, and COMAR 10.09.23.07.
	7. Podiatry care according to COMAR 10.09.15.06.
	8. Medical supplies and durable equipment according to COMAR 10.09.12.

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PROGRAM	LIMITATIONS
(Continued) Services that require preauthorization	<ol style="list-style-type: none"> 9. Services which have been determined by Medicare to be ineffective, unsafe or without proven clinical value are generally presumed to be not medically necessary, but will be preauthorized if the provider can satisfactorily document medical necessity. These services are found in <u>Medicare Carriers Manual Part 3, Claims Process, Chapter III, Coverage Issues Appendix.</u> 10. All evaluations, procedures, and treatments related in any way to sex reassignments. 11. Injections for male hormones for biologic females and female hormones for biologic males. 12. Surgical procedures for the treatment of obesity. 13. The following surgical procedures require preauthorization when performed on a hospital outpatient basis: <ul style="list-style-type: none"> Repair of blepharoptosis and lid retraction; Reconstruction of eyelid with flaps or grafts; Other reconstruction of eyelid; Other repair of eyelid; Other reconstructive surgery on cornea; Surgical correction of prominent ear; Other plastic repair of external ear; Repair and plastic operation on nose;

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PROGRAM	LIMITATIONS
(Continued) Services that require preauthorization	<p>Plastic repair of the mouth;</p> <p>Palatoplasty;</p> <p>Other operations on vessels;</p> <p>Insertion of testicular prosthesis;</p> <p>Operations of penis;</p> <p>Vaginal construction and reconstruction;</p> <p>Operations of clitoris;</p> <p>Operations on facial bones and joints;</p> <p>Partial ostectomy of facial bones;</p> <p>Operations on the breast;</p> <p>Augmentation mammoplasty;</p> <p>Other operations on the breast;</p> <p>Injection or tattooing of skin lesion or defect.</p>
2.B. Rural Health Clinics Services and other Ambulatory Services furnished by a Rural Health Clinic.	<ol style="list-style-type: none"> 1. Rural health clinic services limited to the Federal requirements 42 CFR Parts 405, 449, 450, 481. 2. Other ambulatory services limited by specific programs covered in the Maryland State Plan numbered: 3, 4.B., 4.C., 6.a., 6.b., 10, 11.a., 12.a, 12.d., 17.a., 18.

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